

## PART B - FEE(S) TRANSMITTAL

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Rita M. Rooney  
 Cesari and McKenna, LLP  
 88 Black Falcon Avenue  
 Boston, MA 02210

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I hereby certify that this Fee(s) Transmittal is being deposited via EFSWeb to the United States Patent and Trademark Office on the date indicated below.

Ryan T. Dee	(Depositor's name)
/Ryan T. Dee/	(Signature)
February 16, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/649,088	08/07/2000	Shrikumar Hariharasubrahmanian	SHRIKUMAR	5951

TITLE OF INVENTION: SYSTEMS AND METHODS FOR COMBINED PROTOCOL PROCESSING PROTOCOLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	02/26/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
BLOUNT, STEVEN	2616	370-466009				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.362).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☐ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1237 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Rita M. Rooney/

Date February 16, 2007

Typed or printed name Rita M. Rooney

Registration No. 30,585

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